

CLAIM FOR REFUND OF TAX PAYMENTS

COUNTY OF SAN BERNARDINO

STATE OF CALIFORNIA

(Please type or print clearly)

CLAIMANT: VILLA MESA CARE CENTER

ASSESSOR'S PARCEL NUMBER:

1046-102-14-
P002

MAILING
ADDRESS:

PROPERTY
ADDRESS:

In accordance with the provisions of Chapter 5, Article 1, of the California Revenue and Taxation Code (commencing with Section 5096), I am (we are) herewith filing this claim with the Board of Supervisors of the COUNTY OF SAN BERNARDINO, and ask that a refund of taxes and/or penalties be made for the following amounts.

Fiscal year(s)
for which refund
is claimed:

Date(s) taxes
were paid:

Amount of
tax claim:

Amount of
penalty claim:

Total
amount:

19 2003	6/19/03	2174.81	0.00	2174.81
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I (we) claim that the whole assessment (part of the assessment) for the year(s) as shown above is (are) void for the following reasons (use attachments if necessary):

We purchased the business located at the above address on 4/1/02. Upland CONv. Operations, Inc. (the previous owner) has since filed for B.K. The tax bills on our parcel were sent to the previous owner's trustee. Therefore, we never recieved the bill to be properly assessed. A tax collector showed up at our business with the attached bills, we paid them and was instructed to file for a refund so that we can file correctly.

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that the taxes and/or penalties sought to be refunded were paid within four years prior to filing this claim; that the amounts herein claimed are correct and no part thereof has heretofore beer refunded to the claimant or to any other person for claimant's benefit; and, if acting on behalf of a legal entity, that I am duly authorized to act on its behalf and that the title shown below is true and correct.

6-27-03
Date

Signature

CEO
Title

(If claim is made on behalf of a legal entity)

IMPORTANT NOTICE:

This form is provided as a courtesy and does not constitute legal advice to claimants. Claimants are strongly advised to consult an attorney regarding their rights and obligations, particularly with regard to exhaustion of administrative remedies and the applicability of statutes of limitation on filing claims and lawsuits for refund of property taxes.

MAIL TO:

Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0130

THIS FORM MUST BE SIGNED AND
RETURNED WITH PROOF OF PAYMENT

1/21/9

Property Information for Parcel 1046-102-14-P002

Type of Property: UNKNOWN Tax Status: 1(TAXABLE ASSESSED BY COUNTY)

Address Information

Legal Description

Situs Address

Tract Number

Lot
Number

Block/Unit

Billing Address

CA 92674

As Of 2003/02/26

2002 Value \$167,314

Exemption \$0

Present Owner Information

Name	% O w n	Relationship	Document No.	Recording Date	Acquire Date	Roll Year
<u>VILLA & HOSPITAL</u>		DOING BUSINESS AS	9400000000000 0	1994/03/01	1994/03/01	
<u>UPLAND CONVALESCENT OPERATIONS INC</u>		CORPORATION	9400000000000 0	1994/03/01	1994/03/01	199 5

Effective Date:

2003-06-0

Refresh

Current Taxes Due for Parcel 1046-102-14-P002

No current bills found

Defaulted Bills For Parcel 1046-102-14-P002

Secured Taxes

No secured bills found

Unsecured Taxes

Bill Number	Due Date	Effective Date	Default Date	Orig. Amount	Current Amount	Lien
<u>20020035782</u>	2002-09-02	2002-07-01	2002-11-01	1,745.75	2,174.81	
Total:	***	***	***	1,745.75	2,174.81	

CLAIM FOR REFUND OF TAX PAYMENTS

COUNTY OF SAN BERNARDINO

STATE OF CALIFORNIA

03 JUN 39 PM 1
 BOARD OF SUPERVISORS
 COUNTY OF SAN BERNARDINO
 CALIFORNIA

(Please type or print clearly)

CLAIMANT: VILLA MESA CARE CENTER

ASSESSOR'S PARCEL NUMBER: 105-102-112-4001

MAILING
ADDRESS:

[REDACTED ADDRESS]

PROPERTY
ADDRESS:

[REDACTED ADDRESS]

In accordance with the provisions of Chapter 5, Article 1, of the California Revenue and Taxation Code (commencing with Section 5096), I am (we are) herewith filing this claim with the Board of Supervisors of the COUNTY OF SAN BERNARDINO, and ask that a refund of taxes and/or penalties be made for the following amounts.

Fiscal year(s) for which refund is claimed:	Date(s) taxes were paid:	Amount of tax claim:	Amount of penalty claim:	Total amount:
19 2002	6/19/03	260.12	0.00	260.12
19				
19				
19				
19				

I (we) claim that the whole assessment (part of the assessment) for the year(s) as shown above is (are) void for the following reasons (use attachments if necessary): We purchased the business located at the above address on 4/1/02. Upland Conv. Operations, Inc. (the previous owner) has filed for B.K. The tax bills on our parcel were sent to the previous owner's trustee. Therefore, we never recieved the bill to be properly assessed.

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that the taxes and/or penalties sought to be refunded were paid within four years prior to filing this claim; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to the claimant or to any other person for claimant's benefit; and, if acting on behalf of a legal entity, that I am duly authorized to act on its behalf and that the title shown below is true and correct.

6-27-03
Date

[Signature]
Signature

CEO
Title

(If claim is made on behalf of a legal entity)

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Clerk, Board of Supervisors
105 N. Main Street, 2nd Floor
San Bernardino, CA 92415-0130

THIS FORM MUST BE SIGNED AND
RETURNED WITH PROOF OF PAYMENT

387
6666

Property Information for Parcel 1046-102-14-P001

Type of Property: UNKNOWN Tax Status: 1(TAXABLE ASSESSED BY COUNTY)

Information Legal Description

Situs Address

Tract Number

Lot
Number

Block/Unit

Billing Address

00000

000

92501

As Of 2003/02/24

2002 Value \$24,931

Exemption \$0

Present Owner Information

Name	% O w n	Relationship	Document No.	Recording Date	Acquire Date	Roll Year
UPLAND CONVALESCENT OPERATIONS INC	10 0	SOLE OWNER	0000000000000 0	1999/12/31	1999/12/31	200 0

Effective Date:

2003-06-01

Refresh

Current Taxes Due for Parcel 1046-102-14-P001

No current bills found

Defaulted Bills For Parcel 1046-102-14-P001

Secured Taxes

No secured bills found

Unsecured Taxes

Bill Number	Due Date	Effective Date	Default Date	Orig. Amount	Current Amount	Lien
20020035781	2002-09-02	2002-07-01	2002-11-01	260.12	362.34	
Total:	***	***	***	260.12	362.34	

VILLA MESA CARE CENTER

2062

Pay Date	Payee / Vendor Name	Other Descriptive Information	NET AMOUNT
06/19/2003	DICK LARSEN, TREASURER	Combined Invoices	2,005.87

Inv-Date Invoice No. Inv-Amt
06/19/03 2002003578 2005.87

[REDACTED]

COUNTY OF SAN BERNARDINO
CALIFORNIA.

32415+0130

[illegible]


 PITNEY BOWES
 U.S. POSTAGE
 1220 P B3514523
 2651 \$00.370 JUN 27 2003
 1331 MAILED FROM ZIP CODE 91786